14031151157

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED -

2014 JAN -9 AM 9: 35

FOR MANLY CENTER

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Drew:Leavens: fon Gongress:			
ADDRESS (number and street)	PO Box 28672		<u></u>
(Check if address is changed)			
	San Diego: (CA 92198
COMMITTEE'S E-MAIL ADDRESS			
(Check if address is changed)	info@DL49th.	COM	
is changed)	Optional Second E-Ma	il Address	anderen en de en
	1 d Leavens	ADL. COM	
COMMITTEE'S WEB PAGE ADDRESS (URL)			
(Check if address is changed)	DL49th.com		
		<u> </u>	
2. DATE 0.1 0.2 2.0.1.4			
3. FEC IDENTIFICATION NUMBER ▶ C			
4. IS THIS STATEMENT XX	NEW (N)	R AMENDED (A)	
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.			
Type or Print Name of Treasurer Elisa A. Mullen			
Type or Print Name of Treasure	Ω / . Λ	//)	
Signature of Treasurer	Elex Mul		Date 0.1 0.3 2.0.1.4
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.			
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-894-1100	CCL CLISM L